Audiological Services Billing Example: UB-04

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The example in this section is to assist providers in billing audiological services on the UB-04 claim form. For general policy information, refer to the Audiological Services section in this manual. Refer to the UB-04 Completion: Outpatient Services section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the Forms: Legibility and Completion Standards section of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the Remarks field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Audiological Services

Figure 1 is a sample only. Please adapt to your billing situation.

In this example, a rehabilitation clinic is billing for audiological services. HCPCS codes X4526 (hearing therapy, individual, one hour) and X4530 (impedance audiometry – bilateral) are entered in the HCPCS/Rates field (Box 44).

Enter the two-digit facility type code "74" (clinic – outpatient rehabilitation facility) and onecharacter claim frequency code "1" as "741" in the Type of Bill field (Box 4).

"Y8" is entered in the Condition Codes field (Box 24) to indicate that the procedures being billed are not covered by Medicare. Enter the usual and customary charges in the *Total* Charges field (Box 47, line 23).

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The rehabilitation center's NPI number is placed in the NPI field (Box 56).

Because the services are not part of an initial or six-month evaluation, authorization is required. The Treatment Authorization Request (TAR) number is entered in the Treatment Authorization Codes field (Box 63). Refer to the Audiological Services section of this manual for more information on authorization.

The referring physician's NPI is entered in the *Attending* field (Box 76) and the rendering physician's NPI is entered in the Operating field (Box 77) because a written referral from a licensed practitioner is required for audiological services.

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the DX field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Enter the words "Rehabilitation Center" in the *Remarks* field (Box 80).

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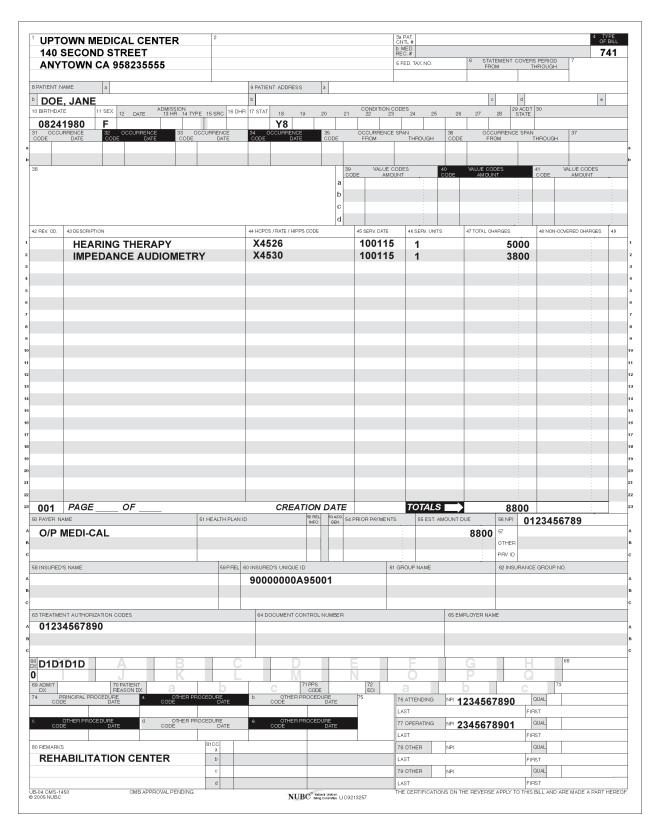


Figure 1: Audiological Services.

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«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
**	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.